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**OFFICIAL**26522 La Alameda Avenue, Suite 360  
Mission Viejo, California 92691  
tel: (949) 282-1000  
fax: (949) 282-1002**FACSIMILE TRANSMISSION COVER SHEET****Date:** May 10, 2004**To:** United States Patent and Trademark Office  
Examiner Jose R. Diaz, Art Unit 2815**Fax:** (703) 872-9306**Re:** **Application Serial No.: 09/590,462**  
Filing Date: 6/9/2000; Inventor(s): Racanelli, et al.  
Attorney Docket No.: 02SPE133P**From:** Farjami & Farjami LLP**Number of pages including the cover sheet:** 24**Message:**

Enclosed please find the Amendment and Response to the Office Action dated December 15, 2003. Payment for the Second Month Extension Fee in the amount of \$420.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 02SPE133P

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Racanelli, et al.SERIAL NO.: 09/590,462 FILED: June 9, 2000FOR: Double Implant High Performance Varactor And Method For Manufacturing SameHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$ 420.00
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☒ TOTAL EXTENSION FEE \$ 420.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	25	MINUS **44	* = 0	x 18	x 9	\$
INDEPENDENT	4	MINUS ***6	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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Attorney Docket No.: 02SPE133P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 420.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

5/10/04

By:

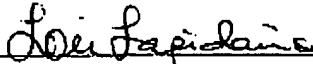
  
Michael Farjami, Reg. No. 38.135CERTIFICATE OF FACSIMILE TRANSMISSION

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